

PARENT LETTER/SCHOOL MEAL PROGRAMS

Dear Parent/Guardian:

The _____ School/District takes part in the National School Lunch and/or Breakfast Program. Meals are served every school day. Children may buy lunch for _____ and breakfast for _____. Meals are also available free or at a reduced price. A child may be eligible for free or reduced-price meals if they are from households receiving Food Stamps, Cash Assistance (CA), Food Distribution Program on Indian Reservations (FDPIR), or have a total household income at or below the amounts on the income chart. The cost of a reduced-price meal is _____ for lunch and _____ for breakfast. Foster children may be eligible for benefits regardless of your income. Please follow the instructions below to apply.

INCOME CHART

Effective from July 1, 2003 to June 30, 2004

| Household Size | Annual | Month | Week |
|---|----------|---------|-------|
| 1 | \$16,613 | \$1,385 | \$320 |
| 2 | 22,422 | 1,869 | 432 |
| 3 | 28,231 | 2,353 | 543 |
| 4 | 34,040 | 2,837 | 655 |
| 5 | 39,849 | 3,321 | 767 |
| 6 | 45,658 | 3,805 | 879 |
| 7 | 51,467 | 4,289 | 990 |
| 8 | 57,276 | 4,773 | 1,102 |
| For each additional family member add | +5,809 | +485 | +112 |

HOW TO APPLY

FOOD STAMP, CA, OR FDPIR HOUSEHOLDS: If you are currently receiving food stamps, CA or FDPIR benefits, a *Free Meals Program Letter* **will not be mailed to you.** The district has access to a new Direct Certification System and will verify the household is receiving DES benefits. The district will notify the family of the child's benefits. To ensure your child receives benefits an application may be filled out. Please fill in the application with the child's name, food stamp, CA, or FDPIR case number and the signature of one adult household member.

ALL OTHER HOUSEHOLDS: If your household income is at or below the level shown on the scale above, your child may be eligible for either free or reduced-price meals. Fill in the application with the names of everyone in the household, the amount and frequency of income received by each member, source of income, signature of an adult household member and their social security number or the word *NONE*. You will be notified when the application is approved or denied.

◆ **VERIFICATION:** Your eligibility may be checked by school officials at any time during the school year. You may be asked to send information to prove that your child should get free or reduced-price meals.

◆ **FAIR HEARING:** If you do not agree with the school's decision on your application or the results of verification, you may wish to discuss it with the school. You also have the right to a fair hearing. You can do this by contacting the following official:

Name _____ Phone _____ Address _____

◆ **REPORTING CHANGES:** If your child receives meals based on income information, you must tell the school if your household size decreases or your income increases by more than \$50 per month or \$600 per year. If your child receives meals based on FDPIR, CA or food stamp information, you must advise the school if you no longer receive these benefits.

◆ **CONFIDENTIALITY:** The information you give on the application will be used only to allow your child to receive free or reduced-price meals and to verify eligibility.

◆ **REAPPLICATION:** You may apply for free and reduced-price meals at any time during the school year. If you are not eligible now but later have a change in income, household size, and employment status or begin receiving food stamps, CA or FDPIR for your child, complete and submit another application.

◆ **CHILDREN WITH DISABILITIES:** If a child has been determined by a doctor to be handicapped and the handicap would prevent the child from eating the regular school meal, this school will make any substitutions prescribed by the doctor. If a substitution is needed there will be no extra charge for the meal. If you believe your child needs substitutions because of a handicap, please contact us for further information.

In the operation of the child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age or handicap. If you believe you have been discriminated against, write to the Secretary of Agriculture, Washington, D.C. 20250.

Applications will be determined by _____
(Name/Title of Determining Official)